

SONORAN DESERT NATIONAL MONUMENT
ADVISORY COUNCIL

Background Information Nomination Form

Nominee's Full Name:

Business Address:

Home Address:

Business Phone:

Home Phone:

Occupation/Title:

Education: (colleges, degrees, major field of study):

Career Highlights: Significant related experience, civic and professional activities, elected offices (if term expires, prior advisory committee experience or career achievements related to the interest to be represented). Attach additional pages as necessary.

QUALIFICATIONS

Education, training and/or experience:

Experience or knowledge of the Sonoran Desert National Monument:

Experience in working with disparate groups to achieve collaborative solutions (e.g., civic organizations, planning commissions, school boards):

Indicate Specific Area of Interest Represented:

I represent Native American interests and the Tohono O'odham Nation.

I represent Native American interests and the Ak Chin Indian Community.

I represent Native American interests and the Gila River Indian Community.

I represent Native American interests and the Salt River Pima-Maricopa Indian Community.

I represent dispersed recreation interests, such as hiking, camping, hunting, nature viewing, nature photography, bird watching, horseback riding, or trail walking.

I represent mechanized recreation or off-highway driving interests.

I represent the State of Arizona, nominated by the Governor.

I represent a recognized environmental organization within Arizona.

I am an elected official from a city or community in the vicinity of the monument (community name _____).

I hold a Federal grazing permit within the Sonoran Desert National Monument or represent those who do.

I represent the rural communities in the vicinity of the monument.

I represent the sciences of wildlife biology, archaeology, ecology, botany, history, social sciences or other applicable discipline (underline applicable item).

I represent the interests of Maricopa County

I represent the interests of Pinal County.

Indicate any BLM permits, leases or licenses that you hold:

Attach Letters of References from interests or organizations to be represented (required):

Nominated by:

Name Address, and Phone Number:

Privacy Act Statement

The authority to request this information is contained in 5 U.S.C. 301, the Federal Advisory Committee Act, and Part 1784 of Title 43, Code of Federal Regulations. It is used by the appointment officer to determine education, training, and experience related to possible service on an Advisory Committee of the Bureau of Land Management. If you are appointed as an advisor, the information will be retained by the appointing official as long as you serve. Otherwise, it will be destroyed 2 years after termination of your membership or returned (if requested) following announcement of the Committee appointments. Completion of this form is voluntary. However, failure to complete any or all items will inhibit fair evaluation of your qualifications and could result in you (or your nominee) not receiving full consideration for appointment.

Signature of Nominee:

Date:

MAIL COMPLETED FORM AND LETTERS OF SUPPORT TO:

Bureau of Land Management
Phoenix District Office
Attn: SDNM Advisory Council
21605 North 7th Avenue
Phoenix, Arizona 85027